



**CITY OF SOMERVILLE
BOARD OF ALDERMEN**
93 HIGHLAND AVENUE
SOMERVILLE, MA 02143
(617) 625-6600

APPLICATION TO RENEW HAWKER PEDDLER LICENSE

FRANCISCA MORALES
171 WALNUT ST #4
SOMERVILLE, MA 02145

License #: **1049**

Fee: **150.00**

Account ID: **825**

Reference #: **1049**

Review and update the information below. If you have workers compensation insurance, attach proof showing the insurer and policy number. Then sign the Acknowledgment and return this form with your fee to the City Clerk's Office.

INFORMATION ON FILE:	CHANGES: (Note below or explain on a separate sheet)
Business/DBA Name: For FRANCISCA MORALES Business Location: OUT OF AREA Business Phone: 857-251-9428	
License Holder: FRANCISCA MORALES 171 WALNUT ST #4 SOMERVILLE, MA 02145 857-251-9428	
Mailing Address: FRANCISCA MORALES SOMERVILLE, MA 02145	
Business Type: SOLE PROPRIETORSHIP OWNER - FRANCISCA MORALES	
FID: 999999999	
Food Manager/Emergency Contact: THOMAS MORALES 857-251-9428	

2013 MAR 22 A 9:49
CITY CLERK'S OFFICE
SOMERVILLE, MA

Conditions: (to change any conditions, submit a new application. Contact the City Clerk's Office for more information)

Hours: **MO-SU 8AM - 9PM**

1 VENDORS

Description of Location and/or Other Conditions:

MERCHANDISE: PACKAGED DRINKS AND SNACKS.

I hereby certify under the penalties of perjury that the following is true:

-All information shown above is true and accurate.

-Any changes above are subject to the approval of the BOARD OF ALDERMEN.

-I have filed all State tax returns and paid all State taxes required by law for this business.

Signature: Francisca Morales Date: 3/15/13

Print Name: _____ Phone: _____

NUMBER 12-021 THE COMMONWEALTH OF MASSACHUSETTS City of Somerville FEE \$100.00

This is to certify that Francisco Morales

NAME

171 Walnut Street, Apt. #4, Somerville, MA 02144

ADDRESS

IS HEREBY GRANTED A LICENSE

For A temporary food permit for commercially packaged, non-potentially hazardous beverages and snacks at Foss Park

from April 22, 2012 to October 28, 2012 from 8:00 am to 8:00 pm, Sundays.

This license is granted in conformity with the Statutes and ordinances relating thereto, and expires October 28, 2012 unless sooner suspended or revoked.

April 24, 2012

Paulette Renault-Caragianes

Director, Health Department

FORM 433 HOBBS & WARREN

MASSACHUSETTS DRIVER'S LICENSE

13 ISS 03-24-2011 9a END NONE 4d NUMBER S54537143

16 EXP 04-30-2016 3- DOB 04-30-1978

15 SEX F 14 SEX 03

1 MORALES

2 FRANCISCA

8 60 HANCOCK ST

APT 2

SEVERETT, MA 02149-2864

5 DD 03-25-2011 Rev 07-15-2009

Francisca Morales

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Business

Applicant information:

Name: Francisca Morales

Address: 171 Walnut St.

City: Somerville State: MA

Zip: 02144 Phone #: 857-251-9428

☐ I am an employer with _____ employees
(full and/or part time).

☒ I am a sole proprietor or partnership and have no employees.

☐ We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees.

☐ We are a nonprofit organization staffed by volunteers and have no employees.

Business Type:

☐ Retail

☐ Restaurant/Bar/Eating Establishment

☐ Office and/or Sales (real estate, auto, etc.)

☐ Nonprofit

☐ Entertainment

☐ Manufacturing

☐ Health Care

☒ Other Sale / snack, drinks.

Workers' compensation insurance information (if applicable):

Insurance Company Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Phone #: _____

Policy #: _____

Expiration Date: _____

Applicant certification:

Failure to secure coverage as required under Section 25A of MGL 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one years' imprisonment as well as civil penalties in the form of a STOP WORK ORDER and a fine of \$100.00 a day against me. I understand that a copy of this statement may be forwarded to the Office of Investigations of the DIA for coverage verification.

I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.

Signature: Francisca Morales Date: 3/15/13

Print Name: _____

Official use only. Do not write in this area. To be completed by city or town official.

City or Town: _____ Permit/License #: _____

- ☐ Board of Health
- ☐ Building Department
- ☐ City/Town Clerk
- ☐ Licensing Board
- ☐ Selectmen's Office
- ☐ Other _____

Contact Person: _____ Phone #: _____



*not owner of
property
Jo Ann
DuPino*

City of Somerville, Massachusetts
Finance Department, Treasury Division

. CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Francisca Morales

Address of taxpayer/applicant's business in Somerville: 171 Walnut St #4

Address of taxpayer/applicant's home in Somerville: _____

Taxpayer/applicant's phone: day: _____ evening: _____

I, (print name) _____, the undersigned Taxpayer, do hereby certify that all the information contained herein is true and correct and all taxes and fees due the City have been paid or that the Taxpayer has entered into an agreement to pay all taxes and fees and is current on said agreement.

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY, this _____ day of _____, 20____.

(Taxpayer's signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: _____ INCLUDES RELEVANT POSTINGS THROUGH: _____

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

☐ Real Estate ☐ Water/Sewer ☐ Personal Property ☐ Other: _____

15424 # 133024001 # _____

NOTES:

CLERK'S INITIALS: UR

ORIGINAL STAMP:

RECEIVED
Bureau
3-21-13